

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 0 6

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01-13-03

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 1905 (a)(13) & 1905 (a)(2)(A) & 1905(r)(5), 42 CFR 440.20 & 42 CFR 440.135 (d)

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ -1,436,458 0

b. FFY 2004 \$ -1,915,277 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 1a-2.2

Attachment 3.1-A, Page 1a-2.3

Attachment 3.1-A, Page 1a-2.4

Attachment 3.1-A, Page 1a-2.5

Attachment 3.1-A, Page 6a-1.1

Attachment 3.1-B, Page 2a-2

Attachment 3.1-B, Page 5a-3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Same Page, Revised 07-01-01, TN# 01-15

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10. SUBJECT OF AMENDMENT:

Removing nursing facility residents from outpatient behavioral health array of services

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Mike Fogarty

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

March 19, 2003

16. RETURN TO:

Oklahoma Health Care Authority

Attn: Billie Wright

4545 N. Lincoln, Suite 124

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

21 MARCH 2003

18. DATE APPROVED:

16 June, 2003

19. EFFECTIVE DATE OF APPROVED MATERIAL:

13 January 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

Sandra Hall

21. TYPED NAME:

for ANDREW A. FREDRICKSON

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

c: Mike Fogarty
Jim Hancock
Billie Wright

APPEN & INK CHANGES MADE AFTER DISCUSSION w/ BILLIE WRIGHT

State OKLAHOMA
AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY

Outpatient surgical services - Facility payments for selected surgical procedures on an outpatient basis will be made to hospitals which have a contract with the Department.

Outpatient Behavioral Health Services - Outpatient behavioral health services are covered for adults and children when provided in accordance with a documented individualized treatment plan; developed to treat the identified mental health and/or substance abuse disorder(s). All services are to be for the goal of improvement of functioning, independence, or well being of the patient. The patient must be able to actively participate in the treatment. The assessment must include a DSM IV multi axial diagnosis completed for all five axis. All services will be subject to medical necessity criteria. Non-authorized services will not be Medicaid compensable with the exception of six units of individual counseling, two units of family counseling, and one unit of treatment plan development per Medicaid recipient per calendar year, one unit of medical review per month, crisis intervention and community based structured emergency care. Payment is made for Rehabilitative Treatment services for children. Children receiving Residential Behavioral Management Services in a Foster or Group Home are eligible for Outpatient Behavioral Health Services only if prior authorized by the OHCA or its designated agent, regardless of provider type providing Outpatient Behavioral Health Services. Recipients residing in a Nursing Facility are not eligible for any of these services. **Outpatient Behavioral Health Services are as follows:**

1. Treatment Plan Development includes the evaluation of assessment and diagnostic information in order to develop a written individualized treatment plan. The treatment plan must contain the following written elements: patients strengths/assets, problems, goals, weakness/liabilities, and objectives that are specific and time limited, discharge plan, criteria and date. Each treatment service to be received must be listed. If individual counseling is to be received the theoretical approach to be used should also be included. The frequency of each service and responsible Mental Health Professional (MHP), Behavioral Health Rehabilitation Specialist (BHRS), physician or nurse must be delineated. A full five-axis DSM-IV diagnosis must be documented. Deferred diagnosis for Axis I are not acceptable. Axis II and III must be completed. A completed Client Assessment Record (CAR) is also required. A completed Child and Adolescent Functioning Assessment Scale (CAFAS) may be substituted for the CAR assessment when authorized by OHCA or its designated agent. Treatment plan must be signed and dated by the patient (over 14), the parent/guardian (under 18), and must include a statement by the patient regarding their involvement, understanding and comments on the plan. For school aged children collaboration between the provider and the school system regarding the treatment must be included. Medicaid recipients in an ICF/MR, or receiving Residential Behavioral Management Services in a foster or group home are not eligible for this service. The treatment plan must be signed and dated by the responsible MHP, responsible physician, patient and guardian (if applicable), and any other direct services provider.

SUPERSEDES: TN- 01-15

Revised 01-13-03

TN# 03-06 Approval Date 6/16/03 Effective Date 1-13-03
Supersedes
TN# 01-15

A	
STATE <u>OKlahoma</u>	
DATE REC'D <u>3-21-03</u>	
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2. Treatment Plan Review is a comprehensive review and evaluation of the current efficacy of the treatment. This includes a review of the treatment plan with the patient and the modification of the plan as required. It includes the CAR (Client Assessment Record) evaluation and other documentation required for prior authorization extension requests. In some circumstances, a completed Child And Adolescent Functioning Assessment Scale (CAFAS) may be substituted for the CAR assessment when authorized by OHCA or its designated agent. This review is not valid until signed and separately dated by the responsible MHP, responsible physician (if patient is receiving medication or otherwise under the care of a physician), the patient, the guardian (if applicable) and any other direct service provider. It is designed to assure that medications and all forms of treatment are provided in the least intrusive manner possible, to encourage normalization and prevent institutionalization. All compensable treatment plan reviews must include an update to the individual treatment plan. Patient involvement must be clearly documented, if the patient is 14 years of age or older. If the patient is under 18 years of age, the parent or guardian must also be involved and sign the treatment plan.
3. Individual Counseling must be provided by an MHP and is a method of treating mental health and alcohol and other drug (AOD) disorders using face-to-face, one-on-one interaction between a MHP and a patient to promote emotional or psychological change to alleviate disorders. Individual counseling must be provided in an appropriate, private confidential setting including the patient residence or the provider's office. The counseling must be goal directed utilizing techniques appropriate to the treatment plan and the patient's developmental and cognitive abilities.
4. Group Counseling is a method of treating mental health and AOD disorders using the interaction between a MHP and two or more patients to promote positive emotional or behavioral change. The focus of the group must be directly related to goals and objectives of the individual patient's medical treatment plan. Counseling must take place in an appropriate, confidential setting, limited to the therapist and group members. Group counseling for adults is limited to eight total patients except for residents of ICF/MR facilities where the limit is six total patients. Group size is limited to a total of six patients for all children. A group may not consist solely of related individuals.

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5. Family Counseling is face-to-face interaction between a MHP and family to facilitate emotional, psychological or behavioral changes and promote successful communication and understanding. Family counseling must be provided for the benefit of a Medicaid eligible individual as a specifically identified component of an individual treatment plan. Family Counseling must be provided in a confidential setting, and provided by a MHP.
6. Psychological Testing a psychologist, certified psychometrist, or psychological technician of a psychologist, utilizing tests selected from currently accepted psychological test batteries performs psychological testing. Test results must be reflected in the individual treatment plan. The medical record must clearly document the need for the testing and what the testing is expected to achieve.
7. Medical Review is documented review and evaluation by a licensed registered nurse or physician's assistant focusing on the patient's response to medication and compliance with the medication regimen. The patient must be present at the time of the medical review. The review will include an assessment of medication compliance and medication side effects. Vitals signs must be taken including pulse, blood pressure and respiration. A physician is not required to be present, but must be available for consult. Medical reviews may not be billed for Medicaid recipients who reside in ICF/MR's.
8. Individual Rehabilitative Treatment Services is a face-to-face service which is provided by a BHRS or MHP, to assist Medicaid recipients who are experiencing significant functional impairment due to mental illness and/or AOD disorders in order to increase the skills necessary to perform activities of daily living, and function in the community. This service may be provided one-on-one between the patient and BHRS, or may be provided with parent/guardian present or occasionally with only the parent /guardian for the purpose of treating the identified patient's disorder. Other family may be present if pertinent to the treatment goals and objectives. Residents of ICF/MR Facilities and Children receiving Residential Behavioral Management Services in a Group Home or in a Foster Home setting are not eligible for this service.

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9. Group Rehabilitative Treatment Services for Adults are behavioral health remedial services, which are provided by a BHRS or MHP, are necessary to improve the patient's ability to function in the community. They are performed to assist patients with mental health illnesses and AOD disorders. Examples of services, which may be covered under the definition of rehabilitation, are: independent living, self-care, social skills (re)development, lifestyle change and recovery principles and practices. Travel time to and from activities is not covered. The maximum staffing ratio is fourteen patients to one staff. Countable staff must be appropriately trained in an anger management/intervention technique such as MANDT or CAPE to be directly involved in patient care. Recipients residing in ICF/MR facilities are not eligible for this service. Services are provided utilizing a treatment curriculum approved by a MHP.
10. Group Rehabilitative Treatment Services for children are behavioral health remedial services as specified in the individual treatment plan which are necessary for the treatment of mental health and AOD disorders. They may be provided alone or in conjunction with other behavioral health services. These services are provided by a BHRS or MHP. Examples of educational and supportive services which may be covered under the definition of rehabilitative treatment services are basic living skills and social skills (re)development, interdependent living, self-care, lifestyle change and recovery principles. Meeting with family members, legal guardian and/or significant other is covered when the services are directed exclusively to the effective treatment of the patient. Each service provided must have a goal and purpose, which relates directly to the individual treatment plan of each participant. The child must be able to actively participate and must possess the cognitive, developmental and communication skills necessary to benefit from the service. Travel time is not covered. Staff to patient ratio shall not exceed eight children to one staff member. Countable staff must be appropriately trained, including trained and certified in a recognized anger management intervention technique, such as MANDT or CAPE to be directly involved in patient care. Patients residing in an ICF/MR facility or children receiving Residential Behavioral Management services in a foster or group home will not be eligible for this service. These services are provided utilizing a treatment curriculum approved by a MHP.

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

2.a. Outpatient hospital services

Emergency Room Services - Emergency room services are covered. Payment is made at case rate, which is an all inclusive rate for all non-physician services provided during the visit.

Dialysis

Therapeutic radiology or chemotherapy - Outpatient chemotherapy is compensable for proven malignancies and opportunistic infections. Outpatient radiation therapy is covered for the treatment of proven malignancies or when treating benign conditions utilizing stereotactic radiosurgery (eg., gamma knife).

Outpatient hospital services, not specifically addressed, are covered when prior authorized.

Outpatient surgical services - Facility payments for selected surgical procedures on an outpatient basis will be made to hospitals which have a contract with the Department.

Outpatient Behavioral Health Services - Outpatient behavioral health services are covered for adults and children when provided in accordance with a documented individualized treatment plan; developed to treat the identified mental health and/or substance abuse disorder(s). All services are to be for the goal of improvement of functioning, independence, or well being of the patient. The patient must be able to actively participate in the treatment. The assessment must include a DSM IV multi axial diagnosis completed for all five axis. All services will be subject to medical necessity criteria. Non authorized services will not be Medicaid compensable with the exception of six units of individual counseling, two units of family counseling, and one unit of treatment plan development per Medicaid recipient per calendar year, one unit of medical review per month, crisis intervention and community based structured emergency care. Payment is made for Rehabilitative Treatment services for children. Children receiving Residential Behavioral Management Services in a Foster or Group Home are eligible for Outpatient Behavioral Health Services only if prior authorized by the OHCA or its designated agent, regardless of provider type providing Outpatient Behavioral Health Services. (See Out-Patient Behavioral Health Services, Attachment 3.1-A, Page 1a-2.2 through Page 1a-2.12 for amount, duration and scope.) Recipients residing in a Nursing Facility are not eligible for any of these services.

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MEDICALLY NEEDY GROUP(S): All Groups

13.d. Rehabilitative Services

Blood

Inpatient - Payment is made to blood banks for blood when the cost of blood is not included in the hospital per diem cost.

Outpatient - Payment is made for blood and blood fractions on behalf of an eligible recipient who is suffering from a congenital or acquired disease of the blood which requires the use of blood or blood fractions. Payment may be made to physicians, clinics, outpatient hospitals or blood banks providing the illness meets the criteria of a catastrophic illness and the payment is for purchases after the recipient has required the use of blood or blood fractions for a continuous period of sixty days.

Outpatient Behavioral Health Services - Outpatient behavioral health services are covered for adults and children when provided in accordance with a documented individualized treatment plan; developed to treat the identified mental health and/or substance abuse disorder(s). All services are to be for the goal of improvement of functioning, independence, or well being of the patient. The patient must be able to actively participate in the treatment. The assessment must include a DSM IV multi axial diagnosis completed for all five axis. All services will be subject to medical necessity criteria. Non authorized services will not be Medicaid compensable with the exception of six units of individual counseling, two units of family counseling, and one unit of treatment plan development per Medicaid recipient per calendar year, one unit of medical review per month, crisis intervention and community based structured emergency care. Payment is made for Rehabilitative Treatment services for children. Children receiving Residential Behavioral Management Services in a Foster or Group Home are eligible for Outpatient Behavioral Health Services only if prior authorized by the OHCA or its designated agent, regardless of provider type providing Outpatient Behavioral Health Services. (See Outpatient Mental Health Services, Attachment 3.1-A, Page 1a-2.2 through Page 1a-2.12 for amount, duration and scope.) Recipients residing in a Nursing Facility are not eligible for any of these services.

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Revision: HCFA-AT-78-69 (MMB)
July 24, 1978

Attachment 3.1-A
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13.d. Rehabilitative Services (Outpatient Mental Health Services)

Outpatient Behavioral Health Services - Outpatient behavioral health services are covered for adults and children when provided in accordance with a documented individualized treatment plan; developed to treat the identified mental health and/or substance abuse disorder(s). All services are to be for the goal of improvement of functioning, independence, or well being of the patient. The patient must be able to actively participate in the treatment. The assessment must include a DSM IV multi axial diagnosis completed for all five axis. All services will be subject to medical necessity criteria. Non-authorized services will not be Medicaid compensable with the exception of six units of individual counseling, two units of family counseling, and one unit of treatment plan development per Medicaid recipient per calendar year, one unit of medical review per month, crisis intervention and community based structured emergency care. Payment is made for Rehabilitative Treatment services for children. Children receiving Residential Behavioral Management Services in a Foster or Group Home are eligible for Outpatient Behavioral Health Services only if prior authorized by the OHCA or its designated agent, regardless of provider type providing Outpatient Behavioral Health Services. (See Outpatient Mental Health Services, Attachment 3.1-A, Page 2a-2, through Page 1a-2.12, for amount, duration and scope.) Recipients residing in a Nursing Facility are not eligible for any of these services.

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